

FORM LM-30

LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

Form approved
Office of Management
and Budget
No. 1215-0188
Expires 11-30-2006

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C. 439 or 440.

For Official Use Only

AUG 23 2005

OLMS DRDA

READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

1. File Number U - <u>13164</u>	2. Fiscal Year Covered From: <u>1</u> / <u>1</u> / <u>2004</u> Through: <u>12</u> / <u>31</u> / <u>2004</u>
3. Name and address of person filing. Name <u>Philomena</u> <u>Lucidi</u> P.O. Box, Bldg., Room No., if any _____ Street <u>620 US Route 130</u> City <u>Trenton</u> State <u>New Jersey</u> ZIP Code + 4 <u>08691</u>	4. Name, file number, and address of labor organization. Name <u>Intl Brotherhood of Teamsters Local No 35 TCWH</u> Labor Organization File Number <u>043-072</u> P.O. Box, Building and Room Number, if any _____ Street <u>620 US Route 130</u> City <u>Trenton</u> State <u>New Jersey</u> ZIP Code + 4 <u>08691</u>
5. Position in labor organization. <u>Recording Secretary</u>	

Enter appropriate data below if, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions):

A. Held an interest in; engaged in transactions (including loans) with; or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent.	
6. Name and address of Employer (including trade name, if any). Name _____ Trade Name, if any: _____ P.O. Box, Bldg., Room No., if any _____ Street _____ City _____ State _____ ZIP Code + 4 _____	7. a. Nature of Interest, Transaction, or Income. _____ 7. b. Amount. _____

Signature

15. Signature and verification. The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete. (See the section on penalties in the instructions.)

Signed

Philomena A Lucidi

On

8/9/05
Date

609 291 5531
Telephone Number

Name of Person Filing <u>Pr/ Iomena Lucidi</u>	File Number <u>U-</u>
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B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

8. Name and address of Business (including trade name, if any). Name <u>Teamsters Local No. 35 Pension Plan</u> Trade Name, if any: _____ P.O. Box, Bldg., Room No., if any _____ Street <u>620 US Route 130</u> City <u>Trenton</u> State <u>New Jersey</u> ZIP Code + 4 <u>08691</u>	9. Business deals with: <input type="checkbox"/> a. Labor Organization <input checked="" type="checkbox"/> b. Trust <input type="checkbox"/> c. Employer
10. If 9.b. or 9.c. is checked give trust or employer's name. Name <u>Teamsters Local No. 35 Pension Plan</u> Trade Name, if any: _____ P.O. Box, Bldg., Room No., if any _____ Street <u>620 US Route 130</u> City <u>Trenton</u> State <u>New Jersey</u> ZIP Code + 4 <u>08691</u>	11.a. Nature of such dealing. <u>Quarterly Trust Meetings includes meals & drinks. IFEBP Conference registration fee, airfare, hotel, meals and cab.</u> <hr/> 11.b. Approximate dollar value of such dealing. <u>See attached \$1,531</u> 12.a. Nature of interest held or income received. <div style="border: 1px solid black; height: 100px; width: 100%;"></div> <hr/> 12.b. Amount. <div style="border: 1px solid black; width: 100px; height: 20px;"></div>

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any). Name _____ Trade Name, if any: _____ P.O. Box, Bldg., Room No., if any _____ Street _____ City _____ State _____ ZIP Code + 4 _____	14.a. Nature of payment. <div style="border: 1px solid black; height: 150px; width: 100%;"></div>
13.b. Is the Business an Employer <input type="checkbox"/> or Consultant <input type="checkbox"/> ?	14.b. Amount of payment. <div style="border: 1px solid black; width: 100px; height: 20px;"></div>

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11.b. Attachment Philomena Lucidi

I do not know the exact value for the meals, but estimate that the value for the 4 quarterly trust meetings would be \$160.00 of which the Teamsters Local No. 35 Pension Plan pays 50% which equals \$80.00.

Name of Person Filing <u>Ph'omena Lucidi</u>	File Number U-
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B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

8. Name and address of Business (including trade name, if any).

Name Teamsters Local No. 35 Health Plan

Trade Name, if any: _____

P.O. Box, Bldg., Room No., if any _____

Street 620 US Route 130

City Trenton

State New Jersey ZIP Code + 4 08691

9. Business deals with:

- ☐ a. Labor Organization
- ☒ b. Trust
- ☐ c. Employer

10. If 9.b. or 9.c. is checked give trust or employer's name.

Name Teamsters Local No. 35 Health Plan

Trade Name, if any: _____

P.O. Box, Bldg., Room No., if any _____

Street 620 US Route 130

City Trenton

State New Jersey ZIP Code + 4 08691

11.a. Nature of such dealing.

Quarterly trust meetings includes meals and drinks

11.b. Approximate dollar value of such dealing.

See attached \$1,531

12.a. Nature of interest held or income received.

N/A

12.b. Amount.

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).

Name _____

Trade Name, if any: _____

P.O. Box, Bldg., Room No., if any _____

Street _____

City _____

State _____ ZIP Code + 4 _____

14.a. Nature of payment.

13.b. Is the Business an Employer ☐ or Consultant ☐ ?

14.b. Amount of payment.

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11.b. Attachment Philomena Lucidi

I do not know the exact value for the meals, but estimate that the value for the 4 quarterly trust meetings would be \$160.00 of which the Teamsters Local No. 35 Health Plan pays 50% which equals \$80.00.

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11.b. Attachment Philomena Lucidi

I do not know the exact value for the IFEBP Conference registration fee, airfare, hotel, meals and cab total \$2,902.80 of which the Teamsters Local No. 35 Health Plan pays 50% which equals \$1,451.40.

Total dollar value of dealings of \$80. & \$1,451.40 = \$1,531.40.

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Name of Person Filing <u>Philomena Lucidi</u>	File Number U-
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B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.	
8. Name and address of Business (including trade name, if any). Name <u>LFL Veritas, LLC</u> Trade Name, if any: _____ P.O. Box, Bldg., Room No., if any _____ Street <u>1230 Parkway Avenue, Suite 301</u> City <u>Ewing</u> State <u>New Jersey</u> ZIP Code + 4 <u>08628</u>	9. Business deals with: <input type="checkbox"/> a. Labor Organization <input type="checkbox"/> b. Trust <input checked="" type="checkbox"/> c. Employer
10. If 9.b. or 9.c. is checked give trust or employer's name. Name <u>LFL Veritas, LLC</u> Trade Name, if any: _____ P.O. Box, Bldg., Room No., if any _____ Street <u>1230 Parkway Avenue, Suite 301</u> City <u>Ewing</u> State <u>New Jersey</u> ZIP Code + 4 <u>08628</u>	11.a. Nature of such dealing. <u>Christmas Gift Basket</u> 11.b. Approximate dollar value of such dealing. <u>\$75.</u> 12.a. Nature of interest held or income received. 12.b. Amount.

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.	
13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any). Name _____ Trade Name, if any: _____ P.O. Box, Bldg., Room No., if any _____ Street _____ City _____ State _____ ZIP Code + 4 _____	14.a. Nature of payment. 14.b. Amount of payment.
13.b. Is the Business an Employer <input type="checkbox"/> or Consultant <input type="checkbox"/> ?	